

DATE: _____

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**INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
POSITIVE BEHAVIOR INTERVENTION SUPPORT PLAN (BIP)**

Student Name: _____ Grade: ____ DOB: _____ ID#: _____

Teacher of Record: _____ School: _____

Directions: Refer to BIP Guide to complete the plan

Step 1: Description of Targeted Behavioral Concerns

Step 2: Functional Behavior Assessment Data

Setting Events:

Antecedents:

Functions:

Other:

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**INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)
POSITIVE BEHAVIOR INTERVENTION SUPPORT PLAN (BIP) cont.**

Student Name: _____ Grade: ____ DOB: _____ ID#: _____

Step 3: Replacement Behaviors and Services (Task Analysis)

Step 4: Proactive Strategies (Individualized Positive Behavior Change)

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INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) POSITIVE BEHAVIOR INTERVENTION SUPPORT PLAN (BIP) cont.

Student Name: _____ Grade: ____ DOB: _____ ID#: _____

Step 5: Positive Strategies to Modify the Environment

Step 6: Reactive Strategies (Include Crisis Management Strategies, if needed)

Step 7: Progress Monitoring Data Collected that Determines Effectiveness

Step 8: Intervention Outcome Process